

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MP		7 26 01
O.I.P.E. CLASSIFIER		48	8/11/01
FORMALITY REVIEW	CV	503	08-30-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	1 3 12
	2 2 2 19
	02 02 02
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	N
10	✓
11	✓
12	✓
13	N
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	✓
25	N
26	N
27	N
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	N

Claim	Date
Final Original	1 3 12
	2 2 2 19
	02 02 02
51	N
52	✓
53	✓
54	N
55	N
56	✓
57	N
58	✓
59	✓
60	✓
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100	✓

Claim	Date
Final Original	
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AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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976  
08/30/01